



## Department of Motor Vehicle Safety

2206 EAST VIEW PARKWAY  
P.O. Box 80447  
CONYERS , GEORGIA 30031  
(678) 413-8731  
[www.dmv.ga.gov](http://www.dmv.ga.gov)

### LIMOUSINE CHAUFFEUR PERMITS

#### TO APPLY FOR A PERMIT, COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING:

1. Applicant must drive for a Limousine Company that holds a Luxury Limousine Certificate.
2. Applicant must be at least 18 years of age.
3. Applicant must submit a **\$15.00 cashiers check or money order made payable to DEPARTMENT OF MOTOR VEHICLE SAFETY. PERSONAL CHECKS WILL NOT BE ACCEPTED.**
4. **TWO 2" X 2" color passport photos.**
5. Applicant must possess a valid Georgia Driver's License and attach a copy of same.
6. A background investigation will be performed.
7. **PLEASE NOTE- CHAUFFEUR APPLICATION MUST BE NOTARIZED.**

**ALLOW 4 TO 6 WEEKS FOR APPLICATION TO BE PROCESSED**

**MAIL your application to the:**

**REGULATORY COMPLIANCE SECTION  
ATTN: NANCY SEXTON  
P.O. BOX 80447  
CONYERS, GEORGIA 30013**

**NO APPLICATIONS ARE PROCESSED OVER THE COUNTER, HOWEVER, A DROP BOX IS AVAILABLE TUESDAY THROUGH FRIDAY.**

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST  P   F	OFFICE USE ONLY
OFFICE USE ONLY PERMIT NUMBER:		<input type="checkbox"/> CRIMINAL HIST  P   F	

<p align="center"><b>Limousine Chauffeur's Permit Application</b>  <b>Department of Motor Vehicle Safety</b>  2206 East View Pkwy., P.O. Box 80447, Conyers, GA 30013</p>			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)  /   /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) <b>Georgia</b>	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)?  Yes      No	If so, list state(s) and license number(s)		Phone Number
Limousine Company			Phone Number
Address		City and State	Zip Code

For Any of the following listed offenses, within the last five years, have you been convicted or, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crimes specified below, whether felony or misdemeanor, in this state, in any other state, or in the federal system? Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any of the crimes listed?

For each of the following offenses, please answer "Yes" or "No" under each column:

Offense	Conviction -Guilty - Nolo		Served Time		Probation -Parole		Charge – Hearing - Indictment	
	Yes	No	Yes	No	Yes	No	Yes	No
Criminal Homicide								
Rape								
Aggravated Battery								
Mayhem								
Burglary								
Aggravated Assault								
Kidnapping								
Robbery								
Driving Under the Influence of Alcohol or Drugs								
Child Molestation								
Any Sex Related Offense								
Leaving the Scene of an Accident								
Criminal Solicitation to commit any of the above								
Any felony involving a motor vehicle								
Any law involving violence								
Theft								
Possession, sale, or distribution of narcotics, barbiturates, or stimulants								
Perjury or false swearing under oath in connection with a chauffeur's permit								

If you answered "yes" to any question above, did you receive any first offender benefi ts?      Yes      No      If "yes," give details:

If you are now charged, under indictment, or have court hearings pending for any of the above charges, give details.

List all addresses used during the past seven years

I hereby apply for a Limousine Chauffeur’s Permit to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver’s history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a permit. I understand that false, misleading, or incomplete information in my application or on this Consent Form, may result in permit denial, cancellation, suspension, or revocation as well as, possible criminal prosecution and civil action.

Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application MUST be notarized

Subscribed to and sworn before me:

SEAL OR STAMP

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

**SUBMIT BY MAIL TO:**

**Department of Motor Vehicle Safety  
Regulatory Compliance Section  
Attn: Nancy Sexton  
P.O. Box 80447  
Conyers, Georgia 30013**